

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <hr style="width: 100%;"/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	CASE NUMBER:
	HEARING DATE:
PETITION TO APPROVE COMPROMISE OF CLAIM <input type="checkbox"/> MINOR <input type="checkbox"/> INCOMPETENT PERSON	DEPT.: _____ TIME: _____

NOTE: This form is to be used for the compromise of the claim of a minor or an incompetent person (including a conservatee) under Code of Civil Procedure section 372 et seq. or Probate Code section 3500 et seq. The person compromising the claim and the minor or incompetent person must attend the hearing on this petition unless the court for good cause dispenses with the personal appearance. The court may require the presence and testimony of witnesses, including the attending or examining physician, and other evidence relating to the merits of the claim, and the nature and extent of the injury, care, treatment and hospitalization.

1. **Petitioner (name):**

2. **Claimant (name):**

- a. Address:
 b. Date of birth:
 c. Age:
 d. Sex:
 e. ☐ Minor ☐ Incompetent person

3. **Relationship**

a. Petitioner's relationship to the claimant (check all applicable boxes):

- ☐ (1) Parent
☐ (2) Guardian ad litem
☐ (3) Guardian
☐ (4) Conservator
☐ (5) Other relationship (specify):

b. Petitioner ☐ is not ☐ is a plaintiff in a suit arising out of the same incident or accident from which the claim arises (if you answered "is," explain the circumstances and whether the pendency or disposition of the petitioner's own claim has in any way affected the proposed compromise of the claim that is the subject of this petition):

☐ Continued on Attachment 3b.

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3. c. Petitioner ☐ is not ☐ is a claimant against the recovery of the claimant *(if you answered "is," explain the circumstances and whether the pendency or disposition of the petitioner's own claim has in any way affected the proposed compromise of the claim that is the subject of this petition):*

☐ Continued on Attachment 3c.

4. Incident or accident

The accident or incident occurred as follows:

- a. Date and time:
- b. Place:
- c. Persons involved:

5. Nature of incident or accident

The facts, events, and circumstances of the accident or incident are *(describe)*:

☐ Continued on Attachment 5.

6. Injuries

The following injuries were sustained by the claimant as a result of the accident or incident *(describe)*:

☐ Continued on Attachment 6.

7. Treatment

The claimant received the following care and treatment for the injuries sustained as a result of the accident or incident *(describe)*:

☐ Continued on Attachment 7.

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8. Extent of injuries and recovery

(An original or a photocopy of all doctors' reports containing a diagnosis of and prognosis for the claimant's injuries, and a report of the claimant's present condition, must be attached to this petition as Attachment 8.)

- a. ☐ The claimant has recovered completely from the effects of the injuries described in item 6, and there is no permanent injury.
- b. ☐ The claimant has not recovered completely from the effects of the injuries described in item 6, and the injuries from which the claimant has not recovered are temporary *(describe the remaining injuries)*:

☐ Continued on Attachment 8b.

- c. ☐ The claimant has not recovered completely from the effects of the injuries described in item 6, and the injuries from which the claimant has not recovered are permanent *(describe the permanent injuries)*:

☐ Continued on Attachment 8c.

9. Medical expenses

- (1) **Total charges:** \$
- (2) **Total amount paid *(whether or not by insurance)*:** \$
- (3) **Total negotiated reduction, if any:** \$
- (4) **Net amount owed:** \$.

The names of the hospitals, doctors, and other providers that have furnished care and treatment for claimant, the respective charges for such care and treatment, the amounts paid (whether or not by insurance), the amounts of negotiated reductions of the charges, if any, and the net amounts owed to each provider are described below:

- a. Provider *(name)*:

(1) Address:

(2) Care or treatment *(describe)*:

(3) Amount charged: \$

(4) Amount paid: \$

(5) Negotiated reduction, if any: \$

(6) Net amount owed: \$

- b. Provider *(name)*:

(1) Address:

(2) Care or treatment *(describe)*:

(3) Amount charged: \$

(4) Amount paid: \$

(5) Negotiated reduction, if any: \$

(6) Net amount owed: \$

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9. c. Provider (*name*):

- (1) Address:
- (2) Care or treatment (*describe*):
- (3) Amount charged: \$
- (4) Amount paid: \$
- (5) Negotiated reduction, if any: \$
- (6) Net amount owed: \$

☐ Continued (*If there are additional providers that treated the claimant, provide information about them on a separate list designated as Attachment 9.*)

10. Information about attorney

- a. (1) ☐ Petitioner has not been represented or assisted by an attorney in preparing this petition or in any other regard with respect to the claim asserted.
- (2) ☐ Petitioner has been represented or assisted by an attorney in preparing this petition or with respect to the claim asserted (*if this is checked, answer questions 10b–10g below*).

b. The attorney who has represented or assisted petitioner is (*name*):

- (1) State bar number:
- (2) Law firm:
- (3) Address:
- (3) Telephone number:

- c. The attorney ☐ did not ☐ did become concerned with this matter, directly or indirectly, at the instance of a party against whom the claim is asserted or a party's insurance carrier (*if you answered "did," explain the circumstances*):

☐ Continued on Attachment 10c.

- d. The attorney ☐ is not ☐ is representing or employed by any other party or any insurance carrier involved in the matter (*if you answered "is," identify the party or carrier and the relationship*):

☐ Continued on Attachment 10d.

- e. The attorney ☐ has not ☐ has received attorney's fees or other compensation for services provided in connection with the claim giving rise to this petition (*if you answered "has," identify the person who paid the fees or other compensation, the amounts paid, and the dates of payment*):

From whom (names)

Amounts

Dates

☐ Continued on Attachment 10e.

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10. f. The attorney ☐ does not ☐ does expect to receive attorney's fees or other compensation for services provided in connection with the claim giving rise to this petition (*if you answered "does," identify the person who will pay the fees or other compensation, the amounts to be paid, and the expected dates of payment*):

From whom (names)

Amounts

Expected Dates

☐ Continued on Attachment 10f.

- g. Petitioner and attorney ☐ do not ☐ do have an agreement for services provided in connection with the claim giving rise to this petition (*if you answered "do," describe the terms of the agreement including the amount of any contingency fee*):

☐ Continued on Attachment 10g.

11. Amount and terms of settlement

- a. ☐ By way of settlement, each defendant has offered to pay the following sums to the claimant:

Defendants (names)

Amounts

Dates

- b. The terms of settlement are as follows (*if the settlement is to be paid in installments, both the total amount and the present value of the settlement must be included*):

☐ Continued on Attachment 11.

12. Damage payments to others

- a. ☐ By way of settlement, defendant has not offered to pay to any other person or persons money damages arising out of the same incident or accident that resulted in injury to the claimant.
- b. ☐ By way of settlement, defendant has offered to pay to another person or persons money damages arising out of the same incident or accident.

(1) The total amount offered by the defendant to others (*specify*): \$

(2) The damage payments are to be apportioned and distributed as follows:

Other plaintiffs or claimants (names)

Amounts

☐ Continued on Attachment 12b.

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13. Attorney's fees and expenses

- a. Total amount of attorney's fees for which court approval is requested: \$
(If attorney's fees are requested, a declaration from the attorney explaining the basis for the requested fees must be attached as Attachment 13a.)

- b. The following additional items of expense have been incurred or paid, are reasonable, resulted from the incident or accident, and should be paid out of the proceeds of the settlement to be paid to the claimant:

<u>Items</u>	<u>Payees (names)</u>	<u>Amounts</u>
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☐ Continued on Attachment 13b.

14. Total balance

The total balance *(after payment of all fees and expenses)*: \$

15. Disposition of settlement proceeds

Petitioner requests that the balance of the settlement proceeds be disbursed as follows:

- a. ☐ Deposit in blocked account:
The balance will be deposited in an interest-bearing, federally insured account, from which no withdrawals shall be made without a court order, located at *(name of depository, branch, and address)*:

- b. ☐ Other disbursement of balance:
The balance will be *(describe other disposition of settlement funds)*:

16. Notice

Notice of the claim or action ☐ has ☐ has not been given under Welfare and Institutions Code section 14124.73 *(if notice has not been given, explain)*:

☐ Continued on Attachment 16.

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17. **Liens**

Petitioner ☐ requests ☐ does not request a court order for payment of funds to a special needs trust (if petitioner requests such an order, explain how under Probate Code section 3604 statutory liens, if any, will be satisfied):

☐ Continued on Attachment 17.

18. ☐ Other orders requested (explain):

☐ Continued on Attachment 18.

19. **Petitioner has made a careful and diligent inquiry and investigation to ascertain the facts relating to the accident in which the claimant was injured, the responsibility for the accident, and the nature, extent, and seriousness of the claimant's injuries. Petitioner fully understands that if the compromise proposed in this petition is approved by the court and is consummated, the claimant will be forever barred from seeking any further recovery of compensation even though the claimant's injuries might in the future appear to be more serious than they are now thought to be.**

20. Petitioner recommends the compromise settlement to the court as being fair, reasonable, and in the best interest of the claimant and requests that the court approve this compromise settlement and make such other and further orders as may be just and reasonable.

21. Number of pages attached: _____

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)